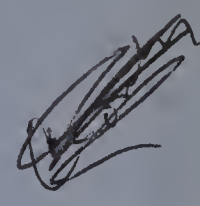


February A. 104.

W. 26/9/61



Oxfordshire County Council



# ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1961



OXFORDSHIRE COUNTY COUNCIL

---

ANNUAL REPORT  
ON  
COUNTY HEALTH  
SERVICES

---

Report of the  
COUNTY MEDICAL OFFICER  
M. J. PLEYDELL  
M.C., M.D., D.P.H.

---


1961

---



# INDEX

	<i>Page</i>		<i>Page</i>
After-care	16, 17	Nurseries and Child Minders	
Ambulance service	2, 15, 16	Regulations Act, 1948	9
Audiometry	34	Nursing in the home	2, 11, 17
BCG vaccination	14, 33	Occupational therapy	16
Births	5, 6, 8	Poliomyelitis vaccination	1, 14
Blindness, incidence of	20, 21, 33	Populations	5, 6
Cancer	16	Premature infants	8
Chiropody	17 ✓	Prevention of break-up of families	12, 13
Clinics and centres	1, 8, 12	Rural housing	24, 25
Committees	3, 30	Rural water and sewerage acts	25
Convalescent treatment	17	School Health Service	28-39
Daily minders	9	Committee and staff	30
Day nurseries	9	Statistics, school medical inspection	31, 32
Deafness, ascertainment of	9, 28, 34	Handicapped pupils	33
Deaths	1, 5, 6, 7	Medical examinations	33
Dental treatment	9, 28, 37, 38	Audiometry	34
Diphtheria immunisation	13, 14	Speech therapy	34
Gas and air analgesia	11	Child guidance and School Psychological Service	35, 36
Health education	16	School Dental Service	37, 38
Health visiting	11, 12	Physiotherapy clinics	38, 39
Health visitors' training school	13	Smallpox vaccination	1, 13
Home helps	17	Staff	4, 30
Housing	24, 25	Stillbirths	1, 5
Immunisation and vaccination	1, 13, 14	Tetanus immunisation	14
Infant mortality	1, 5, 6	Tuberculosis	22, 23
Infectious and other diseases, prevalence of and control over	22, 23	Vaccination and immunisation	1, 13, 14
Mantoux tests	33	Venereal diseases	23
Marie Curie Memorial Foundation	16	Vision, defective	32, 33
Maternal mortality	5, 9	Vital statistics	5, 6, 7
Maternal and child welfare	10, 11	Water supply	25
Maternity and nursing homes	13	Welfare foods, distribution of	9, 10
Medical loan depots	16, 17	Whooping cough immunisation	14
Mental health services	2, 18, 19		
Midwifery and maternity services	10, 11		
Milk, examination of	26, 27		
Moral welfare	9		



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b29943115>



HEALTH DEPARTMENT  
PARK END STREET  
OXFORD

To the Chairmen and Members of the Health Committee and Education Committee  
MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1961.

The vital statistics for Oxfordshire in 1961 compare favourably with the corresponding figures for England and Wales. In particular the infant death rate and the stillbirth rate are appreciably lower than the national averages. Once again there were no maternal deaths. These figures indicate the high medical standards of maternal and infant care both in the patients' homes and in the hospitals.

During the year there was a slight improvement in the numbers of nursing staff in the County, but against this must be set the increase in population and the greater demands on the service which have resulted. The policy of replacing old unsatisfactory houses with modern labour-saving accommodation resulted in five new houses being built for nurses at Banbury, Kidlington, Bicester and Berinsfield. The new cars which are being obtained for nurses, and the principle of allowing nurses to provide their own cars under certain circumstances, are also innovations which have been much appreciated. Like the nursing service, the health visitors have had to work under a strain on account of shortages of staff. Despite repeated advertisements new staff have not readily been available. It is hoped that the policy of recruitment through training will eventually make good the leeway.

The planning of the health clinics in the County has been taken a stage further. At Henley, the new clinic will operate in the closest association with both the general practitioners' clinic and the hospital. At Witney it is hoped that a similar integration of the three branches of the health services will result from the units being established together near the centre of the town.

There were no serious outbreaks of infections in 1961, but two cases of poliomyelitis were notified. Both were adults who had not been protected by vaccination. The programme of immunisation against poliomyelitis was unfortunately held up by shortage of vaccine. Nevertheless it was possible to visit all the infant and primary schools well before the end of the summer term to ensure that further doses were given to children whose parents had given consent, before the usual epidemic season in the late summer. The County figures for vaccinations and immunisations compare favourably with the corresponding national figures. For example, fifty three per cent of babies in Oxfordshire are vaccinated against smallpox in their first year as compared with forty one per cent in England and Wales. But everyone would agree that these figures are far too low - a fact which was emphasised in the strongest possible way

by the recent outbreak of smallpox. The prejudice of parents against smallpox vaccination is shown by the fact that approximately seventy five per cent of babies are protected by vaccination against the other serious infections. Vaccination against smallpox should be included as part of the normal immunisation programme in infancy, unless there are individual medical contra indications.

In the ambulance service the station at Bicester has functioned well throughout the year. Progress has been made on the plans for the new Thame and Kidlington ambulance stations; at Thame a plot of land has been earmarked for a station for two vehicles which should be operating in the coming year. As a result of the Post Office requirement that services operating on a 50 k/c's band width must change to a 25 k/c's band width by 1964, enquiries regarding new equipment have been made and the Committee have approved the replacement of the present equipment by new equipment.

The demands on the after care services are increasing. This is not surprising in view of the relative shortage of hospital beds and the early discharge of patients to their own homes. Nursing aids, equipment and the services of home helps are often able to assist in providing patients with adequate care in their own homes and so relieving the pressure on the hospitals.

In the field of mental health it has been a very busy year. On October 6th, the Right Hon. Enoch Powell, Minister of Health, opened the County's first purpose built training centre at Banbury. The need for the centre was great, and by the end of the year about forty mentally handicapped children and adults were attending. The friendly association which has developed between the staffs of the Witney and Banbury training centres and the local voluntary associations is only one of the very satisfying aspects of the mental health service. Both at Banbury and Witney out-work and simple industrial processes have been taken in by adult patients with great success. The experience gained from the running of these two centres will be of great assistance in planning the future mental health services in the County.

As in past years it gives me great pleasure to thank all members of the Health Department staff for their willing help throughout the year.

I have the honour to be,

Your obedient servant,

M. J. PLEYDELL

County Medical Officer of Health



## COMMITTEES AND STAFF

### MEMBERS OF HEALTH COMMITTEE

Mr F.Wise, **Chairman**

Mr R.C.Surman, **Vice-Chairman**

#### **Council Members**

Dame Henrietta Barnett	*Capt.G.E.F.Goring Thomas	The Earl of Macclesfield
Mr F.Barrington Ward	+Mr O.G.Harrison	The Viscountess Parker
Mr F.E.Doble	Mr J.Haskins	Mrs W.D.de Pass
*Mr T.L.Easby	Mrs M.H.Hichens	+Mr R.C.Surman
Mr W.P.Gilkes	Mr C.H.Hughes	Mr R.E.Tarrant
Brig.F.R.L.Goadby	Mrs M.A.Johnson	Mr F.Wise
		Mr C.R.Worth

#### **Co-opted Members**

*Oxfordshire Nursing Federation  
Representatives*

*Area Executive Council Representative*

*Oxford Regional Hospital Board  
Representative*

*Oxford University Department of  
Social Medicine*

The Countess of Macclesfield  
Mrs J.H.Morrell

Dr A.R.H.Williamson

Sir George Schuster

Dr Alice Stewart

+ *Audit Sub-Committee*

\* *Standing Deputies, Audit Sub-Committee*

#### **General Purposes Sub-Committee**

Mr F.Wise, *Chairman*  
Mr F.Barrington Ward  
Mr T.L.Easby  
Brig.F.R.L.Goadby  
Mr O.G.Harrison

Mr C.H.Hughes  
Lord Macclesfield  
The Viscountess Parker  
Mr R.C.Surman

#### **Domiciliary Services Sub-Committee**

Mr R.C.Surman, *Chairman*  
Dame Henrietta Barnett  
Mr W.P.Gilkes  
Mr T.Haskins  
Mrs M.A.Johnson  
Lord Macclesfield

Lady Macclesfield  
Mrs J.H.Morrell  
Dr A.Stewart  
Dr A.R.H.Williamson  
Mr F.Wise

#### **Banbury Day Nursery Sub-Committee**

Mrs M.A.Johnson, *Chairman*  
Mr W.P.Gilkes

Miss G.S.Bustin  
*(representing Banbury Borough)*

## STAFF

<i>County Medical Officer of Health</i>	Dr M.J.Pleydell, MC, MD, DPH
<i>Deputy County Medical Officer of Health</i>	Dr J.A.G.Watson, MB, BS, DPH
<i>Senior Assistant County Medical Officer</i>	Dr Dorothy M.H.Roberts, MB, BS, MRCS, LRCP (from 31.7.61)
<i>Assistant County Medical Officer (part-time)</i>	Dr A.J.Campbell, MD, BSc, DPH Barrister-at-law
<i>Medical Officers of Child Welfare Clinics (part-time)</i>	42 General Practitioners
<i>Consultant Chest Physician (part-time)</i>	Dr N.J.England, MD, DPH
<i>County Superintendent Nursing Officer Superintendent of Health Visitors Non-medical Supervisor of Midwives</i> }	Miss E.Richards, SRN, SCM, MTD, HVCert, QNS
<i>Supervisor of District Nurses (Assistant to County Superintendent Nursing Officer)</i>	Miss A.M.Appleby, SRN, SCM, HVCert, QNS
<i>Deputy Superintendent of Health Visitors</i>	Miss C.E.Henry, SRN, SCM, MTS, HVCert
<i>Health Visitor and Tuberculosis Liaison Officer</i>	Miss M.A.Williams, SRN, SCM (Part 1), ONC, TA, HVCert (resigned 31.5.61)
	Miss D.H.Edwards, SRN, SCM, RFN, HVCert (from 18.6.61)
<i>Health Visitor Tutor</i>	Miss B.Cox, SRN, SCM (part 1), HVCert
<i>Health Visitors/School Nurses</i>	35 (including 5 vacancies)
<i>District Nurse/Midwives</i>	60 (including 7 vacancies)
<i>Chief Dental Officer</i>	Mr J.Rodgers, DFM, LDS, RFPS
<i>Dental Officers</i>	Mr W.G.Griffith-Williams, LDS (resigned 15.12.61)
	Mr J.P.Bolte, LDS
	Mrs L.Stolarow, DAS
	Mr H.L.Davies, LDS, RCS
	Mr W.J.Cook, LDS, RCS (part-time)
<i>County Housing Officer</i>	Mr H.G.Bartram, MIPHE
<i>Senior Mental Welfare Officer</i>	Mr H.S.Heady
<i>Mental Welfare Officers</i>	Mrs M.A.Collins, DPA (Oxon)
	Mr F.Rowley, RMN, ARSH, Social Science Diploma (resigned 8.12.61)
	Mrs H.M.Watchorne, RMPA (from 6.5.61)
	Mr D.F.Macintosh, Dip PSA (from 12.12.61)
	Mr R.C.A.Charlett (part-time)
	Mr A.W.Shepard (part-time)
	Mr E.B.Holgate (part-time)
	Mr W.R.H.Beehag (part-time)
<i>Home Teacher for Mentally Subnormal Children</i>	Mrs W.Rawson
<i>Occupational Therapists</i>	Miss B.H.Rostance, MAOT
	Miss R.A.Gardiner, MAOT (resigned 30.6.61)
	Miss P.G.Dixon, MAOT (resigned 31.3.61)
	Mrs J.Aldhouse, MAOT (from 31.7.61)
	Miss E.D.Stevens, MAOT (from 6.11.61)
<i>Administrative Assistant</i>	Mr L.C.Bartram

# PART I VITAL STATISTICS

## a) General statistics

Area	470,392 acres
Population (estimated mid-1961) - Total	205,680
Rateable value for whole County (estimated 1st April 1962)	£2,502,740
Estimated product of penny rate for whole County (1961-62)	£10,159

## b) Extracts from vital statistics for the year

<i>Births</i>	M	F	Total	
Live births	2086	1988	4074	
Live birth rate (per 1000 of estimated population)(national average 17.4)				19.8 crude 19.8 corrected
Stillbirths	22	33	55	
Stillbirth rate per 1000 total (live and still) births (national average 18.7)				13.3
Total births (live and still)	2108	2021	4129	
Infant deaths	53	27	80	
Infant mortality rate per 1000 live births (national average 21.4)				19.6
Infant mortality rate per 1000 live births		legitimate illegitimate		19.6 19.9
Neo-natal mortality rate (first four weeks) per 1000 live births				12.2
Illegitimate births (live and still)			215	
Illegitimate births per cent of total live births				5.2
Maternal deaths (including abortion)			nil	
Maternal mortality rate				nil
<i>Deaths</i>	M	F	Total	
Total deaths	1067	992	2059	
Death rate per 1000 of estimated population (national average 12)				10 crude 10.5 corrected
<i>The main causes of death were:</i>				
Heart disease				629
Cancer				339
Cerebral vascular disease				317
Infectious diseases other than tuberculosis				157
Other circulatory diseases				74
Motor vehicle accidents				43
All other accidents				51
Gastro-intestinal diseases				21
Tuberculosis				3



VITAL STATISTICS OF WHOLE COUNTY  
DURING 1961 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	B I R T H S		D E A T H S				
		Number	Rate per 1000 of population	Under 1 year of age		At all ages		
				Number	Rate per 1000 nett births	Number	Rate per 1000 of population	
1	2	3	4	5	6	7	8	
1952	185,200	3,049	16.46	81	26.5	1,773	Crude 9.6	Corrected* 9.46
1953	189,000	3,131	16.56	74	23.6	1,680	8.8	8.71
1954	189,600	3,217	16.96	68	21.1	1,773	9.3	9.16
1955	191,500	3,179	16.6	72	22.6	1,934	10.09	10.09
1956	194,800	3,356	17.2	67	19.9	1,873	9.61	10.09
1957	195,070	3,580	18.35	75	20.9	1,766	9.05	9.50
1958	194,000	3,502	18	61	17.4	1,909	9.8	10.09
1959	200,000	3,784	18.9	75	19.8	1,985	9.9	10.3
1960	201,630	4,055	20.1	82	20.2	1,948	9.7	10
1961	205,680	4,074	19.8	80	19.6	2,059	10	10.5

Rural Districts	Population estimated to middle of 1961	N E T T B I R T H S			N E T T D E A T H S				
		Number	Rates per 1000 of population		Under 1 year of age		At all ages		
			Crude	*Corr- ected	Number	Rate per 1000 nett births	Number	Rates per 1000 of population	
Banbury	15,290	256			8	31.2	210	Crude 13.7	*Corr- ected 12
Bullington	41,810	893	21.3	20.7	20	22.3	392	9.3	10.4
Chipping Norton	15,990	297	18.6	19.7	4	13.4	176	11	10.6
Henley	22,470	357	15.9	15.7	7	19.6	228	10.1	10.4
Ploughley	29,830	687	23	23	13	18.9	193	6.5	9.2
Witney	25,230	544	21.5	22.1	10	18.3	218	8.6	8.9
Urban Districts									
Banbury	21,100	393	18.6	18.2	7	17.8	234	11.1	11.1
Bicester	5,540	121	21.8	15.5	3	24.7	39	7	8.5
Chipping Norton	4,170	79	18.9	13	-	-	44	10.5	7.6
Henley	8,990	161	17.9	18.1	2	12.4	153	17	13.6
Thame	4,200	82	19.5	19.3	1	12.1	40	9.5	9.5
Witney	9,250	159	17.1	15.9	5	31.4	71	7.6	9.3
Woodstock	1,810	45	24.8	25.3	-	-	61	33.6	17.1

\* A corrected rate having been adjusted for age and sex distribution



TABLE OF CAUSES OF DEATH 1961

Cause of death	Urban Districts										Rural Districts										Grand total M & F																
	Under 15					15-25					25-45					45-65						65-75					75+					Total M & F					
	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	Total		M	F	M	F	Total											
Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1											
Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2											
Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4											
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1											
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10											
Malignant neoplasm, lung bronchus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	46											
Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72											
Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39											
Other malignant and lymphatic neoplasms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14											
Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	168											
Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17											
Vascular lesions of nervous system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15											
Coronary disease, angina	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	317											
Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	368											
Other heart disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19											
Other circulatory disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	242											
Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74											
Pneumonia	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25											
Bronchitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	146											
Other diseases of respiratory system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77											
Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20											
Gastritis, enteritis and diarrhoea	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14											
Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7											
Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11											
Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15											
Congenital malformations	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Other defined and ill defined diseases	7	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-											
Motor vehicle accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	187											
All other accidents	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43											
Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51											
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24											
All causes	15	3	-	2	1	1	3	-	7	11	89	45	69	78	141	177	325	317	38	24	3	7	9	3	19	4	39	13	194	114	175	148	265	362	742	675	2059

PART II

PROVISION OF HEALTH SERVICES UNDER  
THE NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

1) Clinic buildings

*Henley:* The Committee decided to replace the existing clinic, which was originally set up as a war-time nursery, with a new clinic which will be built in the grounds of Townlands Hospital. Discussions took place with the general practitioners to decide whether it was preferable to provide one clinic for both local authority and general practitioner services, or two clinic premises adjacent to each other. After consideration it was decided that the close liaison between the services could be obtained if two separate clinics were built side by side, and that very close integration of the health services should result from having local authority, general practitioner, and hospital services all working in the same area. The central lay-out of the clinics in the town, and the improved access to them should be a great improvement for the public.

*Banbury:* The Banbury clinic premises are leased from Banbury Borough, who have requested that alternative premises should be obtained so that the Banbury Clinic can be used for clerical purposes. Enquiries have been made about two possible sites and if either of these becomes available, it is hoped to build a new clinic to replace the existing premises in the financial year 1963/64.

*Witney:* In conjunction with the County Planning Department a site has been reserved for a clinic in the area allocated for municipal development. It is hoped that here, as at Henley, there will be close association with the general practitioners' clinic and the hospital diagnostic unit.

2) Notification of births

The number of live births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was:

	Male	Female	Total
Legitimate	2029	2000	4029
Illegitimate	12	8	20
Total	2041	2008	4049

Details of notifications are transmitted promptly to health visitors, in order that they can begin visiting after the fourteenth day.

3) Premature births

The number of premature births notified, as adjusted by notifications transferred into or out of the area, was:

	In hospital	At home	In private nursing homes	Total
Premature live births	145	23	85	253
Premature still births	19	4	13	36

TABLE I

Weight at birth				Premature			live births						Premature still-births		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in hosp- ital	Born at home	Born in nurs- ing home
	Total	Died within 24 hrs birth	Sur- vived 28 days	Total	Died within 24 hrs birth	Sur- vived 28 days	Total	Died within 24 hrs birth	Sur- vived 28 days	Total	Died within 24 hrs birth	Sur- vived 28 days			
3lb 4oz or less	16	3	8	-	-	-	-	-	-	23	3	5	8	2	6
3lb 5oz to 4lb 6oz	13	1	12	4	-	2	1	-	1	11	3	6	5	2	3
4lb 7oz to 4lb 15oz	31	2	29	8	-	8	1	-	1	13	-	13	4	-	2
5lb to 5lb 8oz	85	-	85	11	-	11	-	-	-	37	1	36	2	-	2
Totals	145	6	134	23	-	21	2	-	2	84	7	60	19	4	13

Total survival rate = 91%



#### **4) Ophthalmia neonatorum and puerperal pyrexia**

One case of puerperal pyrexia was notified.

#### **5) Deaths ascribed to pregnancy or childbirth**

No deaths occurred in 1961.

#### **6) Ante-natal care**

Arrangements were made to set up two classes for mothers to attend for instruction in mothercraft and health education. It is hoped to increase the ante-natal health services in the future. Clinical care is provided by medical practitioners, domiciliary midwives and the hospital services.

#### **7) Maternity accommodation**

The booking of cases on social grounds is undertaken by the local authority in conjunction with the medical practitioner concerned. In 1961, 228 cases were admitted to hospital for confinement on social grounds.

#### **8) Care of unmarried mothers**

A close liaison exists between the County Health Department, the North and Mid-Oxon Association for Moral Welfare, and the South Oxfordshire Moral Welfare Association. The Diocesan Council is given a grant annually for the work undertaken by them on behalf of the County Council and during 1961 financial assistance was provided for thirty-three persons accommodated in mother and baby homes.

#### **9) Dental care**

Mr J.Rodgers, the chief dental officer, has contributed the following:

The difficulties involved in expanding the dental service for expectant and nursing mothers and pre-school children have not yet been overcome. The rural nature of the County, and the fact that the majority of the County's dental officers do not work in fixed clinics, have proved obstacles. These may be overcome when more use is made of our fixed clinics.

Four expectant and nursing mothers were treated during the year by either conservation or the provision of dentures. Eighteen pre-school children were examined and eight of these were made dentally fit by either conservation or extraction.

#### **10) Ascertainment of deafness in young children**

The arrangement, whereby 'at risk' babies are referred to hospital for consultant opinion to exclude deafness, worked smoothly throughout the year.

#### **11) Day nurseries**

The Banbury nursery was open throughout the year. The average sessional attendance was 13 as compared with 16 during 1960.

The premises have been much improved by internal redecoration. In October a new gas cooker was installed, and the Committee have agreed to external redecoration in 1962.

#### **12) Nurseries and Child Minders Regulation Act, 1948**

The child minders registered under the above Act at the end of the year were:

Mrs S.Stewart, Temple Close, Sibford Gower, near Banbury	(10 children)
Mrs M.Pratt, The Close, Boxhedge Road, Banbury	(10 children)
Mrs D.Graham, Applecross, 80 Elvendon Road, Goring-on-Thames	(6 children)
Mrs J.H.Sydenham, 40 School Road, Kidlington	(6 children)
Mrs S.Freeman, Town End House, Islip	(6 children)
Mrs E.Webb, Haileywood Park Cottage, Woodlands Road, Shiplake	(6 children)
Mrs S.A.Claydon, 75 Warwick Road, Banbury	(6 children)
Mrs P.M.Bailey, 53 Davenport Road, Witney	(15 children)

#### **13) Distribution of welfare foods**

Welfare foods were distributed from 97 centres throughout the County. In Banbury welfare foods are sold from the Banbury Clinic on four days of the week.

I should like to express my appreciation and thanks to all voluntary helpers for the valuable work they are undertaking in storing and distributing welfare foods, often from their own homes at personal inconvenience.

During the year the following items were distributed:

52,243 tins of National dried milk  
7,156 bottles of cod liver oil  
61,461 bottles of orange juice  
7,139 packets of vitamin tablets

In Circular 29/61 the Ministry of Health outlined arrangements for the issue of dried or evaporated milk to mothers of children less than one year old, should the level of radio-active iodine in cows' milk become dangerously high. The intention was to provide a fortnight's supply of processed milk for each infant receiving cows' milk. Arrangements were made to receive the bulk supplies at Henley, Oxford and Banbury and, with the transport that was available, to distribute the supplies to approximately a hundred voluntary distribution points in the County. In addition to the local authority services which offered to provide help, I should like to acknowledge with thanks the offers of assistance which were made by the British Red Cross Society and Women's Voluntary Services.

#### *MIDWIFERY AND HOME NURSING (SECTIONS 23 AND 25)*

The demands for the services of our district nurses and midwives have continued to keep all members of the staff busy. The greater part of the work is concerned with caring for the chronic sick and many an elderly person looks forward with pleasure to the visit of her district nurse.

The number of domiciliary confinements has dropped slightly while the number of visits paid to patients delivered in hospital and discharged home early in the puerperium, has increased correspondingly. This is a national trend caused by the rising birth rate and the inadequate number of hospital beds available, and it is envisaged that in future we may see an even greater increase in this type of maternity care.

Under these circumstances it is difficult to achieve the best possible nurse-patient relationship, but every effort has been made to safeguard this by the domiciliary midwife visiting, in the ante-natal period, all patients who are booked for delivery only in hospital, so that preparation may be made for the nursing care of mother and baby at home, and arrangements made for domestic help where necessary.

It is only through close liaison between general practitioner, hospital staffs and domiciliary workers that continuity of care can be assured to the patient.

The number of district nurses and midwives employed on 31st December 1961 was as follows:

Full-time district nurse/midwives	50
Part-time district nurse/midwives	4
Part-time district nurses	3

This shows an increase of only three part-time nurses since the last report was written but there have been many changes. Eleven full-time and three part-time nurses have been appointed to fill the gaps left by those who have retired from the service or resigned for other reasons. Three of our staff retired from nursing after giving many years of devoted service. One nurse had completed 27 years with the County nursing service. We wish them all happiness and satisfaction in their retirement.

Six nurses completed a course of training in district nursing during 1961 and two are at present taking the course.

Five new nurses' houses were completed and the addition of well-planned district rooms where equipment may be cleaned, sterilised and stored has been much appreciated. Seven houses have been furnished and are occupied.

Nurses have again participated in the training of student nurses and pupil midwives, and it is a measure of the interest they have shown in teaching that four pupil midwives trained during the past year are now on the permanent staff of the County.

Eleven midwives attended midwifery refresher courses in accordance with Rule G 1 of the Central Midwives Board and were delighted to have this opportunity to bring their knowledge up to date. In addition, a series of study days was arranged in Oxford. Nursing staff attended in groups of ten or twelve and this gave opportunity for the teaching of new techniques and for discussion on current trends in district nursing.

The number of midwives notifying their intention to practice in this authority during 1961 was 93.



864 patients delivered by domiciliary midwives were given gas and air analgesia and 64 were given trilene analgesia.

The following table shows the number of cases attended by midwives during the year.

TABLE II

New cases				Cases delivered in institutions attended on discharge & before the 14th day	Total visits	Breast feeding	Medical aid summoned		Ante-natal visits	Post-natal visits
Doctor not booked		Doctor booked				Cases wholly breastfed 14th day	Doctor engaged	Doctor not engaged		
Doctor at del.	Doctor not at del.	Doctor at del.	Doctor not at del.							
2	11	145	754	647	22605	769	248	7	10764	599

HOME NURSING TABLE III

	Medical	Surgical	Infectious diseases	Tuber-culosis	Maternal compli-cations	Others	Totals	Patients included in 2-7 who were over 65 at time of first visit during year	Children included in 2-7 who were under 5 at time of first visit	Patients included in 2-7 who have had more than 24 visits in year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended during the year	3164	752	2	65	106	-	4089	1781	219	850
Number of visits paid during the year	66754	13563	9	5304	766	3883	90279	47479	1369	53244

The County Nursing Officer, who is the non-medical supervisor of midwives, and her assistant have made the following visits:

Routine visits of inspection	128
Contact visits	49
Other visits	48

HEALTH VISITING (SECTION 24)

There has been a general increase in the work carried out by our health visiting staff in their capacity as family visitors. The number of households visited by them during the past year was increased by nearly 2000. No doubt the large number of families housed on caravan sites accounts for much of this increase as the occupants move in and out at frequent intervals.

A good deal of time is often spent on finding this shifting population as many of the requests for follow-up visits from hospital almoners concern these families who move, not only within the County, but back and forth into neighbouring authorities.

Many visits are paid to elderly folk who welcome the opportunity to discuss their problems. This is a time-consuming task if one is to respond to the need for a friendly chat. Loneliness, often the cause of mental deterioration, calls for a friendly approach and unhurried visiting.

Attention has been drawn to the great number of accidents in the home and this has made the health visitor quick to observe danger spots, the unguarded fire, the trailing flex, and frayed and curling mats, all dangerous to the very young and to the elderly.

Along with her duties as family adviser and school nurse, health visitors have spent much time on the organising of home helps for needy households, the most frequent demands coming from the chronic sick. Every effort is made to find a suitable and sympathetic helper so that the patient may remain in his or her own home and retain some measure of independence.

Other work undertaken by the health visitors has been the attendance at clinics, co-operation in the training of health visitor students, and in the Banbury area student nurses have been taken out on visits of observation.

Close co-operation between general practitioners and nurses and health visitors remains a feature of this authority. It is cheering to hear from staff returning from post-graduate courses how much they themselves have appreciated this easy relationship after discussion with staff from other areas.

Recruitment continues to be difficult and the staff employed at the 31st December 1961 was as follows:

Full-time health visitors	31
Part-time health visitors	1
S RN assistant	1

One health visitor student was sponsored for training in September 1961 and will be taking up her duties in April. It is hoped that two students will be commencing training for this authority in September of this year.

TABLE IV

Number of children under 5 visited during the year	Expectant mothers		Children under 1 year of age		Children aged 1 and under 2 years	Children aged 2 but under 5 years	Tuber- culous house- Total visits	Other cases Total visits	Total number of families or households visited by health visitors
	First visits	Total visits	First visits	Total visits	Total visits	Total visits			
19185	626	1326	4481	22309	11239	15062	2589	19464	17808
'No access' visits (not included in figures above)		197		2284	1189	1200	441	1327	

Child welfare clinics

In a rural county like Oxfordshire with scattered populations the policy has been adopted of providing child welfare clinics for relatively small groups of mothers. These clinics are greatly valued by mothers living under isolated conditions and form useful centres for providing health education and vaccination.

TABLE V

Number of clinics held in County Council premises (Banbury, Bicester, Henley, Thame and Witney)	5
Number of clinics held in suitable local premises (e.g. village halls, church halls)	68
Clinic opened during the year (Windrush Valley Estate, Witney)	1
Clinics closed during the year (Shutford and Yarnton)	2

LIST OF CLINICS

Adderbury	Deddington	Kidlington	Sandhills
Ambrosden	Enstone	(Church Hall)	Shilton
Ascott-under- Wychwood	Ewelme	Kidlington	Sonning Common
Bampton	Eynsham	(Foresters Hall)	Stadhampton
Banbury	Filkins	Kingham	Standlake
Benson R A F	Finstock	Kirtlington	Stanton Harcourt
Benson Village	Forest Hill	Leafield	Stonesfield
Berinsfield	Fritwell	Littlemore	Swalcliffe
Bicester	Garsington	Lower Heyford	Tackley
Bletchington	Goring	Mapledurham	Tetsworth
Bloxham	Great Milton	Middle Barton	Thame
Bunker's Hill	Great Tew	Milton-under- Wychwood	Warborough
Burford	Hanborough	Minster Lovell	Watlington
Carterton	Henley-on-Thames	Nettlebed	Wheatley
Chadlington	Hethe	Northleigh	Witney (Methodist Church Hall)
Charlbury	Hook Norton	Old Marston	Witney (Windrush Valley Estate)
Checkendon	Horspath	Peppard	Woodcote
Chinnor	Islip	Rose Hill	Woodstock
Chipping Norton			Wroxton
Clifton Hampden			

Prevention of break-up of families

There are a number of families who for a variety of reasons present special problems, and who, from their need of special supervision, help, and advice, are referred to as 'Problem Families'.

The health visitors, who have a statutory duty to give advice as to the care of young children, persons suffering from illness, expectant and nursing mothers, are



also employed as school nurses, and are therefore in close contact with all families and in a position to detect and assess the needs of such families.

In the course of their duties, they come across the following types of families:

Families who have financial difficulties, often due to excess hire purchase commitments leading to arrears of rent, fuel and grocery bills. In such cases there is often poor feeding, clothing and inadequate child care.

Families who, for one reason or another, are inadequately housed; such families often move from one area to another, thus losing their priority on the housing list.

Families where the father is in and out of work, never sticking to one job long enough to save anything towards a better standard of living, the mother sometimes in ill health, suffering from depression and unable to cope with her growing family.

Many of these problems are due to lack of intelligence on the part of the parents, and some, if not all, have a direct connection with the physical and mental health of the family.

In this county we are fortunate, as our health visitors have a close liaison with the family doctors, nurses and midwives, and mental health department. From time to time it is essential for the field workers concerned with a particular family to get together and hold informal consultations, in an endeavour to seek a solution for the family with a problem. It is also most important that the family should not become confused by continual visiting by large numbers of visitors, and it is possible, following a case conference, to limit the number of visitors to any particular home.

The health visitors continue, through their advice, instruction and friendship, to support, encourage and instil a sense of social responsibility, self-discipline and self-respect in families where these are so sadly lacking.

**Health Visitors' Training School - 1960/61 Course**

Thirty students attended the Training School at Headington. Twenty-three were successful at the first attempt and four at the second in obtaining the Health Visitor's Certificate.

There were four independent students and 26 were sponsored as follows:

Royal County of Berkshire	3	Norfolk County Council	2
Cornwall County Council	2	Oxford City	5
East Sussex County Nursing Association	5	County of Somerset	2
Hertfordshire County Council	1	Staffordshire County Council	1
Montgomery County Council	1	Warwickshire County Council	4

**Supervision of maternity and nursing homes  
(under the Public Health Act, 1936)**

The following homes are on the register:

1. 'Madora', 72 Oxford Road, Banbury	General (3 beds)
2. Tracey House, 42 Broughton Road, Banbury	General (13 beds)
3. The Teng Singh Nursing Home, North Aston	General (3 beds)
4. St Andrew's Nursing Home, St Andrews Road, Henley-on-Thames	General (8 beds)
5. Thames Bank Nursing Home, Goring-on-Thames	General (28 beds)
6. Buddleia Nursing Home, Witney	Maternity (2 beds)

**VACCINATION AND IMMUNISATION (SECTION 26)**

**a) Vaccination against smallpox**

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during the year 1961.

Under 1		1 to 4		5 to 14		15 and over		Total	
Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc
2185	-	277	28	153	96	148	382	2763	506

**Diphtheria and whooping cough immunisation**

Details of children immunised against diphtheria and whooping cough by the end of the year are shown as follows.

	<i>Under 1</i>		<i>1 to 4</i>		<i>5 to 14</i>		<i>15 and over</i>		<i>Total</i>	
	<i>Primary</i>	<i>Booster</i>	<i>Primary</i>	<i>Booster</i>	<i>Primary</i>	<i>Booster</i>	<i>Primary</i>	<i>Booster</i>	<i>Primary</i>	<i>Booster</i>
<i>Diphtheria</i>	2923	-	520	72	426	1914	-	-	3879	1986
<i>Whooping cough</i>	2916	-	493	-	255	-	-	-	3664	-

### c) Tetanus immunisation

The number of persons immunised against tetanus by the end of the year is shown as follows.

<i>Under 1</i>	<i>1 to 4</i>	<i>5 and over</i>	<i>Total</i>
<i>Primary</i> 2922	<i>Primary</i> 540	<i>Primary</i> 1166	<i>Primary</i> 4628

### d) Poliomyelitis vaccination

In Circular 15/61, dated 12th April 1961, the Ministry of Health advised local authorities to arrange for fourth injections to be given to all children between the ages of five and eleven years inclusive who had already received three injections. Approximately twenty thousand children were affected and the parents of these children were circulated. The response was good. Clinics were arranged in schools and the immunisations were completed well before the end of the summer term. At the same time all parents of County school children who were not vaccinated were advised to have their children protected.

In a circular letter dated 25th October 1961, the Ministry of Health advised that supplies of vaccine were restricted and that it would be appropriate for fourth doses for children aged five to twelve to be suspended. The Ministry also advised that third doses of vaccine, which had normally been given seven months after the second dose, could be postponed for the time being, provided they were given within twelve months of the second dose.

By the 31st December 1961, 78071 people had registered for vaccination against poliomyelitis. Of this number, approximately 16224 had completed the course of four injections; 54749 had received three injections; approximately 6571 had received two injections; 253 had received one injection and 274 were still awaiting vaccination. The last figure represents the number of persons who had recently registered and were awaiting appointments for vaccination, plus the number of persons who had failed to keep their first appointments.

### e) B C G Vaccination

#### 1) Schools

	<i>Eligible</i>	<i>Consents</i>	<i>Consent rate</i>	<i>Absent from skin test</i>	<i>Skin tested</i>	<i>Absent from reading</i>	<i>Positives</i>	<i>Positive reactor rate</i>	<i>Negative and vaccinated</i>
<i>Grammar schools</i>	421	408	97%	2	406	8	50	13%	348
<i>Comprehensive schools</i>	328	308	94%	19	289	14	57	21%	218
<i>Secondary modern</i>	2416	2097	87%	77	2020	78	315	16%	1627
<i>Private schools</i>	189	166	88%	-	166	11	36	23%	119
<i>Total</i>	3354	2979	89%	98	2881	111	458	16.5%	2312
<i>Teachers training college</i>	50	50	100%	-	50	1	31	63%	18

These figures are for the school year September 1960 - July 1961. They represent an entire school year's work. They will not correspond to a calendar year's work - e.g. a school may be visited twice in one calendar year, and not at all in the next.

#### 2) Contacts

BCG vaccination was given to 509 Oxfordshire County contacts at clinics held at the Churchill Hospital, Horton General Hospital, Banbury, and Clipping Norton War Memorial Hospital.

BCG vaccination was given to 47 Oxfordshire County contacts at Reading and Henley chest clinics.



## Administration

There were no changes in the administrative staff in 1961. Following the installation of two additional telephone lines at Control at the end of 1960, and as a result of additional demands on the service, an application for additional control room staff was made in December. It was agreed that the 'O and M' team should be asked to carry out a survey in 1962 of the ambulance service, and that one additional control room officer should be engaged in the new year.

The year 1961 produced the highest number of patients transported since the National Health Service Act came into operation, i.e. 93361.

Approximately 35% of the increase of 15363 patients carried during 1961 is accounted for in transporting mentally handicapped persons to training centres now operating five days per week. In the past the Hospital Car Service has provided valuable service in supplying most of the transport for these children, but with the additional numbers and the added strain of providing the service five days a week, it has become necessary to hire a 12-seater 'minibus' in two of the areas.

## Stations

No changes have occurred at the ambulance stations. New premises are eagerly awaited at Thame and Kidlington.

## Staff

There has been no increase in the number of driver/attendants during the year. The increased demands upon the service has resulted in two additional driver/attendants being authorised for the two additional sitting-case ambulances being ordered. Delivery of these vehicles is expected early in 1962 when the driver/attendants will be engaged.

## Vehicles

Three ambulances were ordered during the year under the annual replacement scheme. Two additional sitting-case ambulances were ordered consequent upon the demands upon the service. The design of the sitting-case vehicle is such that nine sitting patients can be carried, or alternatively, a stretcher patient and four sitting cases. The prime function of these vehicles is to transport sitting patients and so ease the heavy burden on the Hospital Car Service.

Full-time stations <u>Location</u>	<u>Number of vehicles</u>		Full-time staff establishment
	Ambulances	Light dual- purpose vehicles	
Banbury	3	1	13
Bicester	1	-	2
Chipping Norton	1	-	2
Crowmarsh	1	-	2
Henley	1	2	4
Kidlington	-	2	3
Thame	1	-	2
Witney	1	2	6
Part-time stations			
Woodstock	-	1	5 part-time
Wychwood	-	1	6 part-time

## V H F radio

During the year extensive radio surveys were carried out under the auspices of four major manufacturers of telecommunication equipment: this was occasioned by the new 25 k/c limitation imposed by the GPO and the fact that the existing Pye equipment was approaching the end of its useful life.

The recommendation and tender of Messrs Storno-Southern of Camberley was accepted to supply fixed and mobile frequency modulated 25 k/c stations. There is every indication that this new scheme, which is scheduled for operation by April 1962, will be a great improvement over the existing one.

## Patients carried and mileage travelled

With mentally handicapped persons attending training centres at Witney and Banbury five days per week as against one day previously, it was obvious that a marked increase would be shown both in patients and mileage. These are shown as separate from other patients.

In order that comparison could be made with 1960, the report for that year has been brought into line with present procedure. This is shown in tables 3 and 4, whilst tables 1 and 2 give gross figures in order that comparison can be made with the previous years.

TABLE 1 PATIENTS	Year	H C S	Taxi	Ambulance	I D H	Total	Oxford City	Gross Total
	1957	31,337	2,346	23,380	723	57,786	2,567	60,353
	1958	32,082	4,934	23,355	837	61,208	2,390	63,598
	1959	35,733	5,693	24,699	684	66,809	2,066	68,875
	1960	37,601	9,931	28,012	-	75,544	2,454	77,998
	1961	43,228	16,134	31,074	-	90,436	2,925	93,361
TABLE 2 MILEAGE	1957	388,012	26,554	251,338	5,359	671,263	25,836	697,099
	1958	376,624	51,029	257,922	5,652	691,239	19,035	710,272
	1959	411,340	56,912	282,462	4,907	755,621	16,485	772,106
	1960	446,833	94,153	313,262	-	854,248	17,309	871,557
	1961	498,618	147,252	321,914	-	967,784	18,072	985,856

TABLE 3

*School clinic and training centre patients (included in Table 1)*

TABLE 4

*Mileage relating to school clinics and training centres (included in Table 2)*

Year	H C S	Taxi	Total
1960	5,203	4,213	9,416
1961	7,908	9,094	17,002
1960	46,606	33,167	79,773
1961	58,663	67,463	126,126

PREVENTION OF ILLNESS, CARE AND AFTERCARE (SECTION 28)

Health education

Health education has been undertaken by health visitors at clinics, schools, and, as the need arose, in domiciliary visits. Particular attention was given to the prevention of accidents in the home.

Mothercraft classes are being planned at different centres in the County and, towards the end of the year, had been established at Berinsfield and Witney.

Occupational therapy

The number of patients visited during the year rose to 169, in addition to 15 at Shillingford Homes. 40 new patients were referred and 1739 home visits made.

The work has been disrupted by shortage of staff. Miss Dixon left to be married in March, not being replaced until the beginning of August when Mrs Aldhouse joined the department. Miss Gardiner left for the same reason in June and her successor, Miss Stevens, was not appointed until November. As a result there have been few innovations but many delays.

Sales at the City Retail Shop continue to increase. In the first financial year from April 1960 to March 1961 the total income was £425. In the first nine months only of the second year goods to the value of £470 were sold.

Two social events were arranged this year. The Osler Hospital opened its grounds for a small fete and handicrafts competition in May, to which all chest clinic patients were invited. This was a highly successful venture, greatly assisted by help from Dorset House School, the College of Art and, of course, a most tolerant hospital staff, and the County and City joined forces in this.

The second event was for all County patients who did not participate in the Osler Fete, and for this Dorset House invited us to see the school, and also provided the facilities for another crafts competition. The Welfare Committee made a grant towards the expenses of the afternoon which included the provision of prizes, and the transport for people from all sides of the County.

Marie Curie Memorial Foundation

The County Nursing Officer has continued to draw on the funds made available by the Foundation, and during the year £37 has been spent on persons in need.

Medical loan depots

The British Red Cross Society have continued to provide articles on loan from



their medical loan depots in various parts of the County. Some articles are loaned free, while a small charge is made for others. During 1961, 419 articles were loaned for County patients.

**Nursing equipment**

As mentioned last year, the demands on this service have increased, and it is probable that the trend will continue, since the different aids which are available help to keep the patient at home, and to facilitate discharge from hospital.

**Convalescent treatment**

On the recommendation of medical practitioners, 15 men, 38 women and 6 children were sent to various convalescent homes, mainly at resorts on the south coast. In addition, one fit young child, aged three, accompanied his mother to a convalescent home. About 50 per cent of the adults for whom arrangements were made were over the age of sixty.

Contributions towards the cost of convalescence were assessed in accordance with the scale approved by the County Council.

**Chiropody**

*Domiciliary provided service*

At Banbury, chiropody sessions which are held in the chiropodist's premises have been increased from one to two sessions a week. At Henley, the chiropodist attends the Health Clinic each week.

*Service provided by voluntary organisations*

As was anticipated, this service has continued to increase. The British Red Cross Society provides clinics once or twice a month in the following villages: Begbroke, Bicester, Clanfield, Old Marston, Sonning Common, Woodcote, Burford, Wheatley, Kidlington, Shiplake, Filkins, South Stoke, Hook Norton, Goring and Henley.

The Oxfordshire Association for the Care of Old People provides clinics at Charlbury, Eynsham, Ewelme, Dorchester, Benson, Littlemore, Leafield and Milton-under-Wychwood.

The Women's Voluntary Service provides a clinic at the Old People's Club in Banbury every three weeks. Patients who are confined to their homes are visited by a chiropodist in her own time. Transport is arranged to bring some patients to the club at Banbury, and to bring patients to the Red Cross Club at Marston.

**HOME HELP SERVICE (SECTION 29)**

The cost of this service increased considerably owing to arrears of payments which had to be met in April and December. Apart from this, as would be expected with the increasing average age of the population, the general trend showed an increased demand on the service.

Throughout the County it has fallen to the health visitors to visit the patients requiring help, to find the right persons to act as home helps and to pay regular visits to ensure the patients' needs are being adequately met. The shortage of health visitors and the increasing demand has meant that this work has taken up a considerable amount of their time. In order to relieve the health visitors of part of this work, it was decided that at Banbury, where there has been a reduction in the number of general practitioner maternity hospital beds, a part-time home help organiser should be appointed as a trial measure.

In 1961 the cases for whom help was provided can be shown as follows:

Chronic sick, aged and infirm	525
Maternity cases	28
Persons suffering from tuberculosis	4
Others	69





### PART III

#### MENTAL HEALTH

1961 has been a year of steady development and exploration of the new fields opened up by the Mental Health Act 1959.

The development of the services for the subnormal has followed the pattern that was expected, although various difficulties have slowed up the rate of progress. The new Banbury Training Centre was opened by the Minister of Health, the Right Hon. J. Enoch Powell, on 6th October 1961. This, our first purpose built centre, received a great send-off. By Christmas the number on the register had exceeded 40 (including 6 Northamptonshire children). The happy optimistic and purposeful atmosphere of this establishment present an excellent augury for the future.

During the year every effort has been made to implement the desires expressed in the 1960 report - that is, to keep the local authority and the hospital services linked together as closely as possible. It is gratifying to find the mental welfare officers and the hospital social workers co-operating more closely than ever before. The lines of communication between the health department and the hospital have been greatly strengthened. Joint clinics for the subnormal have been held with the physician superintendent of Pewsey Hospital. Nothing but benefit can accrue to the patients from such close co-operation.

There has been one serious disappointment in that the proposal to establish a hostel for adult, female, subnormal persons at Cumnor Rise was, in the last resort, turned down by the Minister of Health. It was felt that working closely with the existing hospital hostel annexe was completely in accordance with the recommendations of the Royal Commission, which stated 'patients who are still hospital in-patients but who can suitably live in a hostel might live in the same hostel or home as patients receiving residential community care from the local authority, with suitable financial arrangements' (Paragraph 616). Such an arrangement would have made for the smooth passage of patients from the hospital environment to that of the community. The Minister, however, took the view that such a close association would only result in an extension of the hospital.

The need for a new training centre on the east of the City of Oxford has been recognised. The only reason for delay in building such a centre is the inability to find a site. It is hoped that a site may be found on the land previously occupied by the Wheatley Military Hospital.

Negotiations over the acquisition of land and of access rights to a site have delayed the building of a hostel for subnormal children in Banbury. It is hoped that these difficulties will be resolved in the course of the next twelve months. This hostel, which will be sited close to the existing training centre, will give either permanent or temporary relief to many hard-pressed families. It will also enable the full potentialities of the training centre to be exploited.

It is also hoped to establish a hostel at Sandford-on-Thames for elderly confused persons in the next financial year. There is no doubt that such a hostel is required. There are a number of confused old people in hospital who could be cared for in this type of hostel. There are also many others causing very great distress and anxiety to their relatives who will be better cared for in the proposed Sandford hostel.

The progress of the sheltered workshops for the subnormal, particularly those at Witney, has been of considerable interest. The weekly earnings have steadily risen as has the output of work. It is planned to provide additional working space in the coming year - this being the main limitation to future development. The Banbury workshops have, of course, not yet had sufficient time to establish themselves. The understanding help given so readily by many employers has been greatly appreciated. It is to be hoped that the work produced will always be to their satisfaction and specification.

On the 17th April 1961 a party of 22 trainees and 4 staff, from the training centres at Banbury and Witney, spent a week's holiday at Bognor Regis. This experiment was such a success that a similar venture is planned for the coming year. The party will, however, be larger and will have to be divided into two, each composed of 20 - 25 trainees and 5 staff.

The emphasis in the work carried out by the mental welfare officers has continued to shift from that of an emergency service to that of a continuing social work service.

This change continues to be reflected in the statistics given in the following tables, in particular in table II.

Mental illness

TABLE I HOSPITAL ADMISSIONS

Method of admission	1955	1956	1957	1958	1959	1960	1961
Certified	39	45	27	37	19	2 1.1.60 to }	
Vol. & Temp.	244	223	268	341	235	3	
Observations	10	15	121	105	165	54 31.10.60 }	
Informal					54	193	315
Section 29						9 1.11.60 to }	62
Section 25						5	13
Section 26						31.12.60 }	9
	293	283	416	483	473	266	399

In this table no attempt is made to distinguish between first admissions and readmissions. Whilst all the 'section' admissions are known, not all the informal admissions are known to the department.

TABLE II SOCIAL WORK

	Informal supervisory visits	Special reports	Psychiatric investigation No action required	After-care visits	Miscellaneous visits Employment, etc.	Total visits
1958	791	62	-	3	198	1054
1959	995	127	2	77	320	1521
1960	898	122	1	355	567	1943
1961	1023	52*	48	758	805	2686

\* This figure is falling and will continue to fall as the number of patients compulsorily detained falls. Thus the number of special reports on the homes of these patients, and on the patients during periods of leave, is declining. In fact these figures are transferred to other columns (1, 4 and 5) as informal routine work.

TABLE III MENTAL SUBNORMALITY

	L H A supervision	Guardian-ship	Hospital inpatients	Total
Number of persons known to department 1.1.61	324	12	280	616
Number of new patients during year	70	1	12	83
Discharges, deaths etc. during 1961	16	1	14	31
Number of persons known to department 31.12.61	378	12	279	669
Number of short-term hospital admissions	-	-	8	8

TABLE IV TRAINING CENTRES (AS ON 31.12.61)

	Under 16 M	F	Over 16 M	F	Total
1. Witney	9	5	6	5	25
2. Banbury+	10	8	8	9	35
3. Borocourt Day Hospital	3	5	9	3	20
4. Oxford City	4	1	3	1	9
5. Spastic Centre	3	4	-	1	8
6. Brighton*	-	-	-	2	2
7. Weston-super-Mare*	1	-	-	-	1
Total	53		47		100

+ In addition 6 Northamptonshire patients attend this centre.

\* There are Oxfordshire patients under the guardianship of this Authority who are fostered in Brighton, Hove and Weston-super-Mare.

Number receiving home teaching during the year: 13



## PART IV

### BLINDNESS

Mr R.T.Barre, Chief Welfare Officer, has kindly contributed the following information:

During the year ended 31st December 1961, 81 completed forms BD8 were received, and 51 persons were admitted to the Blind Register and 30 to the Register of Partially Sighted Persons.

No cases of blindness due to retrolental fibroplasia were reported.

Of the 54 persons recommended for treatment 38 were dealt with during the year and received treatment as recommended.

#### A - FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

i. Number of cases registered during the year in respect of which forms BD8 recommended:	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment	5	2	-	20
(b) Treatment (medical, surgical or optical)	8	14	-	32
ii. Number of cases at (i)(b) above which on follow-up action have received treatment	4	12		22

#### B-OPHTHALMIA NEONATORUM

i. Total number of cases notified during the year	Nil
ii. Number of cases in which:	
(a) Vision lost	
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	

During the year ended 31st December 1961 ten persons who were on the Partially Sighted Register were re-examined and placed on the Register of Blind Persons.

#### CASES CERTIFIED BLIND AND PLACED ON THE REGISTER OF BLIND PERSONS FOR THE COUNTY OF OXFORD DURING 1961

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Senile retinopathy	60 - 64	-	1	1
	70 - 79	-	1	1
	80 - 84	-	1	1
	90 plus	1	-	1
Glaucoma	60 - 64	1	1	2
	65 - 69	-	1	1
	70 - 79	-	3	3
	80 - 84	2	2	4
Diabetic retinopathy	50 - 59	1	-	1
	70 - 79	-	1	1
Cataracts	60 - 64	-	1	1
	70 - 79	1	-	1
	80 - 84	2	1	3
	85 - 89	2	2	4
	90 plus	-	1	1
Optic atrophy	40 - 49	-	1	1
	70 - 79	-	1	1
Retinal detachment	70 - 79	1	-	1



CASES CERTIFIED BLIND (continued)

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Macular degeneration	70 - 79	1	-	1
	80 - 84	-	1	1
	85 - 89	1	2	3
	90 plus	1	1	2
Cerebral retinopathy	60 - 64	1	-	1
Degenerative keratitis	70 - 79	-	1	1
Myopia	40 - 49	1	-	1
	80 - 84	-	1	1
Bilateral central myopic retino-choroidal degeneration	60 - 64	-	1	1
Bilateral cercinite retino- choroidal degeneration	70 - 79	-	1	1
Bilateral senile retino- choroidal degeneration	70 - 79	1	-	1
	80 - 84	1	1	2
Papilloedema	50 - 59	1	-	1
Cerebral thrombosis and congestive glaucoma	70 - 79	1	-	1
Retino pathia pigmentoses	65 - 69	1	-	1
Bilateral colobomata of irids and chorid	65 - 69	-	1	1
Keratitis	85 - 89	-	1	1
Iridocyclitis and trauma	70 - 79	1	-	1
		22	29	51

The total number of cases on the Blind Register for the County of Oxford at 31st December 1961 were:

<u>Male</u>	<u>Female</u>	<u>Total</u>
170	210	380

Epilepsy

During 1961 there were ten persons in the care of the Welfare Committee in epileptic colonies.

Handicapped persons

The number of registered handicapped persons (deaf) was 77.  
The number of registered handicapped persons (general classes) was 113.

# PART V INFECTIOUS DISEASES

The only infection to assume epidemic proportions was measles, which had already appeared in the Bullington and Ploughley districts at the end of 1960. During 1961 the infection spread across the County, reaching its peak incidence in the Banbury and Chipping Norton districts in the second quarter and dying away in the third quarter of the year. At Witney the infection arrived later and died away towards the end of the third quarter. The 5-9 year age group was principally affected.

Two cases of poliomyelitis with paralysis were notified, both in adults who had not been protected by vaccination. Contacts were vaccinated and no secondary cases resulted.

One case of paratyphoid fever was notified from the American Service Base Camp at Upper Heyford towards the end of the year.

The increased incidence of cases of dysentery which was reported in Bullington and Henley in last year's report continued in the first quarter of 1961, but subsequently there was little trouble from this infection.

## NOTIFICATION OF INFECTIOUS DISEASES, 1961

DISEASES	URBAN DISTRICTS							RURAL DISTRICTS							TOTALS FOR ADMINISTRATIVE COUNTY	
	Banbury (Borough)	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames (Borough)	Bicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullington	Henley	Ploughley		TOTALS FOR COMBINED RURAL DISTRICTS
Scarlet fever	3					1	3	7	3	1	2	11	5	31	53	60
Whooping cough	32				1	1		34	21	13	4	27	14	25	104	138
Measles	530	3	65	86	1	108	3	796	238	201	451	674	303	567	2434	3230
Pneumonia			1					1	1	2		3	11	17	34	35
Dysentery			3					3			3	57	26	6	92	95
Food poisoning	2							2	1			4	1	3	9	11
Enteric or typhoid fever								-							-	-
Poliomyelitis: Paralytic								-				1		1	2	2
Non-paralytic								-							-	-
Meningoccal infection								-					1		1	1
Erysipelas	2							2				1	2	5	8	10
Puerperal pyrexia								-			1				1	1
Acute encephalitis post-infectious								-							-	-
Ophthalmia neonatorum								-				2			2	2
Tuberculosis: Respiratory	6	3	1	1	4	3	3	21	8	8	11	15	7	15	64	85
Non-respiratory	2					2	1	5	1			5		5	11	16
Anthrax								-							-	-

## **Tuberculosis**

I am indebted to Dr N.J.England for the following report:

'There has been no major change to record in respect of the clinic or hospital work during the last year. The demand for beds has slackened in Banbury especially with regard to the women's wards. Perhaps this is fortunate in that there has been a shortage of nursing and domestic staff and it would have been impossible to have accommodated a greater number of patients than actually were admitted. Tentative arrangements have been made to transfer the tuberculous patients from the old isolation block to the cubicalised block, but so far the transfer has not been effected.



'It was hoped that a survey of home bound elderly persons who are expectorating would have been practicable. So far, instead of the bacteriological laboratory being overloaded with specimens scarcely half a dozen samples of sputum have been received. This illustrates the difficulty that has been experienced by health visitors in collecting specimens from the elderly.

'Outpatient chemotherapy for patients who are in a non-infectious condition is obviously to be preferred to inpatient treatment if practicable. The hazard in such practice is occasioned by the failure of some patients to take the full treatment prescribed. Arrangements have been agreed between the general practitioners, the public health and clinic staff for intensified home supervision to overcome this difficulty and it is hoped that this will prove adequate for the majority of persons.

'The scheme for the tuberculin testing of contacts at home prior to clinic attendance is proceeding very well and I am confident results in a higher percentage of contact attendance at the clinics, and BCG acceptance, than was experienced in previous years. I would like to see the tuberculin testing of school entrants practised as a routine and contact checking in respect of those children found tuberculin positive at that time. There are still many unknown infectors at large in the community and this is one way in which they may be traced.'

**Tuberculous surveys**

Detailed investigations and inspections were carried out at a Civil Service hostel, following the notification of two residents as suffering from tuberculosis. X-rays of other residents at the hostel revealed a further case of tuberculosis. As a result of consultation with the authorities concerned, steps were taken to reduce as far as possible the chances of any further cases occurring at the hostel.

In July an intensive mass radiography survey was carried out in Kidlington, as a result of a request received from the Chest Physician. Two previous surveys had been carried out, one in 1956 and one in 1959.

An intensive effort was made to gain maximum support from the public, and I should like to thank the many voluntary workers who gave their help so willingly. Notice of the survey was posted through the letter-box of every house in the town a fortnight before the survey, and during the week before the survey as many houses as possible were canvassed to encourage a good attendance. As a result of this effort, 2000 x-rays were carried out in addition to x-rays carried out at place of work. I am glad to report that although the final medical details are not yet to hand, no new active case of tuberculosis was revealed by the survey.

**Venereal disease**

As mentioned last year the high national incidence of venereal diseases, especially among the younger age groups, has been a cause of serious concern. In Oxfordshire, however, for the second consecutive year the figures show a slight decrease in the numbers of diagnosed cases attending the clinics. More than one third of these patients were not of British origin.

	1957			1958			1959			1960			1961		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	6	-	6	8	1	9	8	1	9	5	-	5	2	1	3
Gonorrhoea	24	1	25	30	-	30	46	1	47	28	2	30	27	2	29
Other	54	9	63	64	3	67	103	5	108	96	4	100	88	4	92
Totals	84	10	94	102	4	106	157	7	164	129	6	135	117	7	124

O = Radcliffe Infirmary, Oxford    R = Royal Berks Hospital, Reading    T = Total



PART VI  
RURAL HOUSING AND SANITARY CIRCUMSTANCES

RURAL HOUSING SURVEY

Banbury	Bullington		Chipping Norton		Henley		Ploughley		Witney		Totals	
	+1951	1961	+1953	1961	+1947	1961	+1950	1961	+1949	1961	+1953	1961
Group 1 - Satisfactory in all respects	609	1149	2702	2920	762	1372	1349	2018	886	2688	1210	1846
Group 2 - With minor defects	688	505	1729	2304	1467	1326	1223	446	1315	684	891	859
Group 3 - Requiring repair, structural alteration or improvements	922	897	1780	1201	1282	989	855	814	1113	89	2263	1553
Group 4 - Unfit for habitation and beyond repair at reasonable cost	827	302	534	63	400	44	55	40	453	95	300	304
Note + year survey completed	3046	2853	6745	6488	3911	3731	3482	3318	3767	3556	4664	4562
												25615
												24508

Group 1 - Satisfactory in all respects  
Group 2 - With minor defects  
Group 3 - Requiring repair, structural alteration or improvements  
Group 4 - Unfit for habitation and beyond repair at reasonable cost

Note + year survey completed

GENERAL HOUSING DATA

Banbury	Bullington		Chipping Norton		Henley		Ploughley		Witney		Totals	
											1960	1961
Applicants for Council Houses	220	910	368	242	302	436	2350	2478	4	6	2	4
Ex-Service hutments converted and in use as temporary housing	-	-	-	-	-	-	-	-	-	-	-	1
Ex-Service hutments not converted but inhabited	-	-	1	-	-	-	-	-	-	-	-	1
Cases of known overcrowding	-	1	-	-	-	-	-	-	-	-	-	1
Caravans used for housing	34	882	25	241	160	447	1632	1789	-	-	3	1
Houses within survey reconditioned or improved, informal action by owners	22	356	22	65	162	-	824	627	-	-	6	3
Houses within survey demolished, informal action by owners	1	1	-	1	-	-	-	-	-	-	6	3
Dwellings towards which advances for purchase have been made	37	46	18	37	54	61	261	253	61	253	261	253
Applications approved for improvement grants:												
a) standard grants	24	21	34	4	22	30	415	412{135	30}	415	415	412{135
b) discretionary grants	41	70	35	42	32	57	415	277	57	277	277	277
Demolition orders served	6	17	-	-	3	2	27	28	2	27	27	28
Demolition orders outstanding: a) occupied premises	-	16	-	-	9	13	41	38	13	41	41	38
b) unoccupied premises	6	30	-	1	59	24	108	120	24	108	108	120
Undertakings accepted to make fit	-	-	-	-	-	8	18	8	8	18	18	8
Undertakings accepted not to use for human habitation	-	3	10	-	-	2	29	15	2	29	29	15
Undertakings outstanding	17	19	149	16	27	51	283	279	51	283	283	279
Houses demolished	6	3	2	1	6	5	59	23	6	59	59	23
Houses made fit	10	3	10	6	81	16	106	126	16	106	106	126
Houses acquired by local authority	-	-	-	-	-	-	-	-	-	-	-	-
Closing orders made	38	2	-	2	-	17	37	59	-	37	37	59
Closing orders outstanding	88	10	1	9	1	126	209	235	1	126	209	235

Applicants for Council Houses  
Ex-Service hutments converted and in use as temporary housing  
Ex-Service hutments not converted but inhabited  
Cases of known overcrowding  
Caravans used for housing  
Houses within survey reconditioned or improved, informal action by owners  
Houses within survey demolished, informal action by owners  
Dwellings towards which advances for purchase have been made  
Applications approved for improvement grants:

a) standard grants  
b) discretionary grants

Demolition orders served

Demolition orders outstanding: a) occupied premises  
b) unoccupied premises

Undertakings accepted to make fit

Undertakings accepted not to use for human habitation

Undertakings outstanding

Houses demolished

Houses made fit

Houses acquired by local authority

Closing orders made

Closing orders outstanding

PROVISION OF NEW HOUSING

	Banbury	Bullington	Chipping Norton	Henley	Ploughley	Witney	Totals	
							1960	1961
<i>By local authorities</i>								
Under construction	40	38	38	23	23	47	151	209
Completed 1961	18	75	-	-	44	29	309	166
Completed 1.4.45 to 31.12.61	604	1576	713	691	1217	1158	5793	5959
<i>By private builders</i>								
Under construction	112	223	49	125	151	230	852	890
Completed 1961	116	205	34	160	225	133	799	873
Completed 1.4.45 to 31.12.61	422	1677	303	1211	1781	597	5118	5991

SANITARY CIRCUMSTANCES OF THE AREA

Rural Water Supplies and Sewerage Acts, 1944-1961

Local Government Act, 1958

For purpose of observation and contribution under the above Acts, six new sewerage schemes and sewage disposal schemes to the value of £164,590 and six new mains water supply schemes to the value of £37,910 received technical consideration and were duly reported upon. In addition, further consideration was given to the Chipping Norton Rural Comprehensive Water Scheme with particular reference to sizing of certain trunk mains, and for affording a supplementary water supply to the Borough of Chipping Norton.

During the year further conferences and meetings have taken place between the interested authorities to further the formation of a major Water Board to serve much of the County.

## PART VII

### FOOD AND DRUGS

FOOD AND DRUGS ACT, 1955

MILK AND DAIRIES

The Milk (Special Designation) Regulations, 1960

#### Pasteurised milk

At the commencement of the year nine dairies were licensed by the County Council to pasteurise milk. Subsequently, one dairy ceased pasteurising and now retails milk obtained from another dairy.

From the pasteurising dairies, 927 samples of heat-treated milk were obtained to check compliance with the legal requirements.

#### SAMPLE SUMMARY

	Passed	Failed	Total
Phosphatase test (for effective pasteurisation)	916	11	927
Methylene blue test (for keeping quality)	910	17	927

Of the 11 phosphatase test failures, 3 were obtained from high temperature short time pasteurising plants and 8 from holder type pasteurisers. As soon as a failure is reported the County Public Health Officer visits the dairy to ascertain the cause and see that the defect is put right.

#### Retail sale of designated milk

On the 1st January 1961 the County Council became responsible for the licensing of dairies and shops retailing milk. 162 dealers pre-packed milk licenses are in operation. Pasteurised milk forms the major sale, although sterilised milk is widely offered. Raw tuberculin tested milk, mostly farm bottled, is sold by 11 dealers. Altogether, 521 samples of milk were submitted for examination.

#### SAMPLE SUMMARY

Pasteurised milk	Phosphatase test		Methylene blue test		Total
	Passed	Failed	Passed	Failed	
	365	1	335	31	366
Sterilised milk	Turbidity test				66
	Passed	Failed			
	65	1			
	Methylene blue test				
Passed	Failed				
66	23				
Total					521

All unsatisfactory sample reports are investigated by the County Public Health Officer and steps taken to remedy the unsatisfactory supply.

#### Milk bottle and churn cleanliness

No legal bacteriological standard exists for the cleanliness of milk receptacles, but the Public Health Laboratory Service have an agreed classification.



Receptacles examined gave the following results in accordance with the standards.

	Bottles	%	Churns	%	Churn lids	%
Satisfactory	75	66	44	61	44	61
Fairly satisfactory	-	-	6	8	5	7
Unsatisfactory	29	25	10	14	14	19
Invalid	10	9	12	17	9	13
Totals	114		72		72	

**School and children's homes milk supplies**

All schools now receive pasteurised milk. The remaining school dependent on farm bottled TT milk was transferred to a pasteurised supply towards the end of the year.

64 samples of milk from schools and children's homes were submitted for examination.

*SAMPLE SUMMARY*

	Phosphatase test		Methylene blue test		Total
	Passed	Failed	Passed	Failed	
Pasteurised milk	63	-	62	1	63
TT milk	(not appropriate)		1	-	1
Total					64

**Specified areas**

The whole of the County is covered by a number of Specified Area Orders. General supervision is maintained, and during the year one infringement was found. This involved the selling as farm bottled TT milk, milk found to have been mixed with other milk, including pasteurised, obtained from a wholesale dairy. The designation 'Farm Bottled' can only be used for milk bottled at the farm where produced.

**Biological examination of milk**

28 samples of farm bottled tuberculin tested milk as retailed to the public were, on biological examination, found negative to bovine tuberculosis and brucella abortus.

In addition 724 samples of milk, largely obtained from churn supplies forwarded to pasteurising dairies, were examined specifically for brucella abortus. These samples were first 'screened' by the ring and whey tests, positives to these tests being submitted to biological examination. 176 farms were tested in this way and milk from 12 farms (6.8%) proved biologically positive to brucella abortus.

Examination of churn samples is undertaken by Dr A.McDiarmid, Principal Scientific Officer, Agricultural Research Council Field Station, Compton, Berkshire, and since the Oxfordshire Brucellosis Survey commenced in 1959, a total of 2917 churns have been examined. 966 farms supplied the milk and 47 farms (4.9%) were, on biological examination, found positive.

PART VIII  
SCHOOL HEALTH SERVICE

**The health of school children in Oxfordshire**

Nearly all school medical officers again comment upon the excellent health of the children attending county schools. Some doctors refer to the striking contrast between the good physical condition of the children and the bad state of their teeth. It is noticeable how much worse children's teeth are today than they were fifteen years ago. One school doctor refers to the increasing number of senior girls who are found to be round-shouldered, but fortunately this is a condition which seems to respond well to remedial exercises and self-discipline. Another doctor comments upon the fact that many children admit quite casually to smoking cigarettes regularly, and suggests that more propaganda should be provided in schools about the harm of this habit. As the committee are aware, attempts have been made to present the facts regarding smoking and ill health in a clear way to county school children, but it is difficult to notice any appreciable effect from this form of health education in the face of the numerous advertisements put out by the tobacco companies. Defects of the feet caused by the pointed shoes worn by school-girls today are again referred to. Overcrowding of the toes, hammer toes and mis-shapen feet are the chief penalties which result from this habit.

Two innovations have been made in the school health service during the year. An audiometrician was appointed in August to test the hearing of all school children as a routine at the age of six. When we consider the necessity for good hearing to enable children to make educational progress in accordance with their natural abilities, it is evident that it is as essential to test a child's hearing as it is to test the eyesight. At the age of six children have had time to settle down in school and are prepared to co-operate in the hearing tests. As a rule the hearing defects which are ascertained in this way have been caused by infections of the ear, nose, or throat and can be cured or greatly improved by minor surgical procedures. In some cases the hearing loss is only of a temporary nature, and for this reason each child with a defect is tested a second time, six or eight weeks later, before the opinion of a consultant ear, nose and throat specialist is recommended. A number of school doctors have referred to the value of this addition to the school health service, details of which are shown in the report.

In addition to routine audiometric tests of school entrants, special categories of handicapped children are being tested to make sure that hearing loss does not contribute to their other defects. Health visitors, speech therapists and child guidance workers have been asked to refer children with cerebral palsy, speech defects, or children who are mentally retarded, maladjusted, or experiencing special learning difficulties. Workers in these fields also have shown appreciation of the advantages of this service.

The other innovation is the introduction of selective medical inspections in place of routine medical inspections. The latter have been such an integral part of the service that it seems advisable that any change should be made in the first place as a trial measure, so that the two systems can be compared. The facilities of the National Health Service and the general good health of most children suggest that medical attention and advice are best given to those children and parents where it is thought to be necessary, rather than that every child should be examined as a routine. These considerations have led many authorities to vary their procedures, and in Oxfordshire at the time of writing there are two areas - Chipping Norton and Littlemore - where the system of selective inspections have been introduced. Experience should show the relative advantages and disadvantages of the two systems.

As in previous years a number of doctors refer to the inadequacy of classrooms and lavatories, chiefly in the rural schools. These contrast with the excellent accommodation in the new schools. Many doctors refer once again to the excellent co-operation with health visitors and school teachers, and it is evident that, as in previous years, the different branches of the school health service are working well together.



## SCHOOL HEALTH SERVICE

### COMMITTEE AND STAFF

#### SPECIAL SERVICES BOARD OF THE EDUCATION COMMITTEE

J.A.Fenemore, Esq (*Chairman*)

Mrs P.MacDougall

Mrs B.Ledger

H.Mears, Esq

Lt Col The Right Hon.Lord Saye and Sele,

OBE, MC, DL

C.J.Peers, Esq

The Revd J.Roddy

Mrs M.H.Hichens, CBE

W.G.Bayley, Esq

#### STAFF OF SCHOOL MEDICAL SERVICE, 1961

*Principal School Medical Officer*

M.J.Pleydell, MC, MD, DPH

*Deputy Principal School Medical Officer*

J.A.G.Watson, MB, BS, DPH

*General Practitioners who act as School Medical Officers*

Dr D.C.Harris

Dr R.G.Eager

Dr F.J.S.Chapman

Dr M.B.Noble

Dr J.Borrie-Harris

Dr H.F.McCabe

Dr G.L.Stroud

Dr J.F.Monk

Dr F.A.Bevan

Dr Anne Davies

Dr F.E.James

Dr A.Sharman Beer

Dr R.G.P.Almond

Dr D.Richardson

Dr J.W.Bullen

Dr M.A.Slee

Dr G.D.Bolsover

Dr T.Cocks

Dr A.J.Campbell

Dr L.J.Timings

Dr T.D.Thorne

Dr N.J.P.Hewlings

Dr P.M.M.Pritchard

Dr E.Herrin

Dr W.Dickson

Dr J.B.Gleeson

Dr C.W.Stringfellow

Dr A.P.Millar

*Principal School Dental Officer*

J.Rodgers, DFM, LDS, RFPS

*School Dental Officers*

Mrs L.Stolarow, DAS

J.P.Bolte, LDS

W.G.Griffith-Williams, LDS (resigned 15.12.61)

H.L.Davies, LDS, RCS

W.J.Cook, LDS, RCS (part-time)

*Superintendent of School Nurses*

Miss E.Richards, SRN, SCM, MTD,  
HVCert, QNS

*Deputy Superintendent of School Nurses*

Miss C.E.Henry, SRN, SCM, MTS,  
HVCert

*School Nurses/Health Visitors*

Thirty-one

*Educational Psychologists*

Miss M.Markham, BA

Mrs M.J.Scott-Blair (part-time)

*Speech Therapists*

Miss J.Ash, LCST

Mrs M.McConnell, LCST

*Physiotherapists*

Miss H.Munns, MCSP

Miss M.J.Bouch, MCSP (part-time)

Miss M.Dunford, MCSP (part-time)

Miss C.Tudor Evans, MCSP  
(part-time)

# STATISTICS

## Return of medical examinations for the year ended 31st December 1961 (including Banbury Borough)

### ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	<u>1960</u>	<u>1961</u>
Entrants	3743	3724
Second age group	2534	2564
Third age group	<u>1803</u>	<u>1655</u>
Total	8080	7943
Number of other periodic examinations	<u>111</u>	<u>129</u>
Grand total	<u>8191</u>	<u>8072</u>

### OTHER EXAMINATIONS

Number of special examinations	989	893
Number of re-examinations	<u>1491</u>	<u>1399</u>
Total	<u>2480</u>	<u>2292</u>

## A - Return of defects found by medical examination in the year ended 31st December 1961

(1)	(2)	(3)	(4)	(5)
	<u>Periodic examinations</u>		<u>Special examinations</u>	
Defect or disease	Number requiring treatment	Number requiring observation but not requiring treatment	Number requiring treatment	Number requiring observation but not requiring treatment
Skin	45	48	2	1
Eyes - Vision	381	197	51	17
Squint	54	36	-	-
Other conditions	26	18	11	-
Ears - Defective hearing	36	45	9	3
Otitis media	14	28	1	-
Other ear diseases	22	16	7	2
Nose and throat	142	285	11	12
Speech	57	75	4	-
Lymphatic glands	4	45	-	-
Heart and circulation	6	46	-	1
Lungs	23	86	2	2
Developmental - Hernia	3	5	1	-
Other	14	63	-	-
Orthopaedic - Posture	153	127	9	11
Flat foot	132	168	18	2
Other	92	144	9	13
Nervous system - Epilepsy	2	11	-	-
Other	2	22	1	2
Psychological - Development	2	47	2	1
Stability	4	40	-	-
Abdomen	6	14	1	-
Other	63	92	56	15

## B - Classification of the nutrition of children examined during the year in the routine age groups

Age groups	Number of children inspected	<u>Satisfactory</u> Number	%	<u>Unsatisfactory</u> Number	%
Entrants	3724	3688	99.1	36	.98
Second age group	2564	2545	99.3	19	.7
Third age group	1655	1642	99.2	13	.8
Other periodic inspections	<u>129</u>	<u>125</u>	<u>96.9</u>	<u>4</u>	<u>3.1</u>
Total	8072	8000	99.2	72	.8

*C - Number of individual children found at routine medical examination to require treatment (excluding uncleanness and dental disease)*

(1) Group	(2) For defective vision (excluding squint)	(3) For all other conditions recorded in Table A	(4) Total
Prescribed groups			
Entrants	106	389	460
Second age group	166	291	425
Third age group	<u>109</u>	<u>229</u>	<u>290</u>
Total (prescribed groups)	381	909	1175
Other periodic examinations	<u>29</u>	<u>34</u>	<u>54</u>
	410	943	1229

## RETURN OF DEFECTS TREATED DURING YEAR ENDED 31<sup>st</sup> DECEMBER 1961

### *DEFECTIVE VISION AND SQUINT*

*(excluding minor eye defects treated as minor ailments)*

<i>Defect or disease</i>	<i>Number of cases treated</i>
Errors of refraction (including squint)	1477
Total number of children for whom spectacles were prescribed	775

### *TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT*

<i>Defect or diseases</i>	<i>Number of cases treated</i>
Received operative treatment	
(a) for diseases of ear	16
(b) for adenoids and chronic tonsilitis	275
(c) for other nose and throat conditions	36
Received other forms of treatment	<u>40</u>
Total	367

### *UNCLEANLINESS AND VERMINOUS CONDITIONS*

1. Number of children found unclean	108
2. Number of individual pupils in respect of whom cleansing notices were issued	4
3. Number of individual pupils in respect of whom cleansing orders were issued	None

### *HANDICAPPED PUPILS IN SPECIAL SCHOOLS*

<i>Category</i>	<i>In special schools</i>	<i>Awaiting vacancies</i>	<i>Home tuition and tuition in hospitals</i>	<i>In hospitals schools</i>	<i>Total</i>	<i>Dis-charged</i>	<i>New cases ascertained in 1961</i>
a) Blind	7	1	-	-	8	-	-
b) Partially sighted	3	-	-	-	3	1	1
c) Deaf	5	-	-	-	5	1	1
d) Partially deaf	Residential Day P-D Unit 11	1	1	-	14	2	1
e) Educationally subnormal	Woodeaton Manor 51 Out County 46 Day special 27 Special classes 44	10 - - -	-	-	178	28	29
f) Epileptic	2	-	-	-	2	1	1
g) Maladjusted	Hostel 7 Schools 9 Day special 4	1 - -	- 5 -	-	26	4	8
h) Physically handicapped	Day Boarding 3 15	3	6	4	31	6	2
i) Speech	-	-	-	-	-	-	-
j) Delicate	Boarding Day 3 2	1	3	-	9	3	2



Handicapped pupils

Blind - No pupils have been certified as blind. The authority has seven pupils in residential schools for the blind.

Partially sighted - One new case has been reported and one pupil was admitted to a special school. Three partially sighted pupils are now in special schools.

Deaf - One new case was assessed during the year. At the end of the year five pupils were receiving education in boarding schools for the deaf.

Partially deaf - One child was ascertained as partially deaf, and is now receiving education in a special school. Eleven children attended the partially deaf unit in schools in Oxford.

Delicate - Two new cases were reported and two admissions to special schools were arranged. At the end of the year five pupils were in attendance at special schools.

Physically handicapped - Two new cases were reported and two were admitted to special schools. At the end of the year 18 physically handicapped pupils were receiving special educational treatment.

Educationally subnormal - Twenty-nine children were assessed as requiring education in special schools; 22 were so placed. A total of 124 children are now in day or boarding schools.

Maladjusted - Eight pupils were placed in hostels or boarding special schools. On 31st December six children were attending hostels and 17 were attending special boarding schools.

Epileptic - Two epileptic children are being educated at boarding schools.

Tuberculosis - Eleven cases of respiratory tuberculosis were notified. The ages of the children affected varied from 5 to 14.

During the year eight schools were surveyed following the notification of children suffering from tuberculosis. Three were primary schools, four secondary schools, and one a private school.

	Skin tested	Negative	Positive		X-rays		
			Due to B C G vaccination	Others	No lesion seen	Healed lesion	Requiring follow-up
3 primary schools	476	416	41	19(4.4%)	17	1	1
4 secondary schools	320	195	14	46(15%)	43	1	-
1 private school	29	21	1	7(25%)	5	1	1
Totals	825	632	56	72(9%)	65	3	2

In addition the staff of some of these schools were examined.

Skin tests		X-rays		
Negative	Positive	No lesion seen	Healed lesion	Requiring follow-up
3	8 (1 due to BCG)	15	-	-

Thirteen x-rays are outstanding at the time of writing this report.

BCG vaccination- In the school year consent for Mantoux testing and vaccination was returned for 2979 children, which represents an acceptance rate of 89%. 458 children tested were Mantoux positive, a rate of 16%. The number vaccinated was 2312. Details are shown under the immunisation section.

Minor ailments - A minor ailment clinic is held daily at the Banbury clinic. During the year 110 cases attended at the clinic.

Medical examination of teachers

Since 1st April 1952 all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1961 27 teachers and 91 entrants to training colleges were examined.

Medical examination of children in part-time employment

Fifty-one school children who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to the health of the children.

**Audiometry**

In the four months September to December, 58 schools were visited and routine testing, with the pure tone audiometer, was carried out on 1344 six-year-old children. 182 (13.5%) failed the sweep test and were referred to the general practitioners, who in turn referred 85 children to the ear, nose and throat consultants. 56 children were put on observation by the audiometrician.

A further 17 children were referred for special examination by school doctors, general practitioners, head teachers, health visitors, speech therapists and educational psychologists. Subsequently, six (35.3%) of this group were referred to the ENT clinics and one to the general practitioner.

The details and recommendations for the 91 children referred to the ear, nose and throat consultants are:

Removal of tonsils and adenoids	23
Removal of tonsils and adenoids and myringotomy	2
Removal of tonsils and eustachian insufflation	1
Removal of adenoids alone	2
Removal of adenoids and myringotomy	1
Myringotomy alone	2
Eustachian insufflation	2
Removal of wax	5
Acute otitis media	1
Referred to the hearing therapist	3
Referred to the educational psychologist	1
Conductive loss (no treatment)	1
No treatment and review	9
No treatment and discharge	24
Waiting appointments	7
Failed appointments	7

**Speech therapy**

Work this year has again been carried out almost entirely in schools. This continues to be the most satisfactory arrangement in this rural county. One clinic is held weekly in Banbury, and the hospital car service has again provided transport for children living in outlying areas.

The appointment of an audiometrician has been warmly welcomed. Children requiring hearing tests have been seen without delay, and a number of cases of high frequency hearing loss have been discovered. This is of considerable help to the speech therapists.

In the south of the county Mrs McConnell only has time for weekly visits to Woodeaton Manor ESN school - where the number of speech defective cases continues to rise - and to the Middlesex County Council's residential school in Henley-on-Thames. Otherwise schools are visited fortnightly. The percentage of children requiring speech therapy continues to rise generally and it is impossible to anticipate a time when all schools can be visited weekly and more time devoted to the ESN school and training centres.

The policy of home visiting has been continued as the results have proved beneficial.

*Statistics for the south of the County are as follows:*

Schools visited: 34 out of 76	
Number of children who have received regular treatment	207
New admissions	58
Number awaiting treatment	19
Number discharged during the year with normal speech	66
Under review	7

*Statistics for the north of the County are as follows:*

Schools visited: 44 out of 135	
Children who received regular treatment during 1961	202
New admissions	70
Discharges	56
Number awaiting treatment	2



CHILD GUIDANCE AND  
SCHOOL PSYCHOLOGICAL SERVICE

Miss Markham and Mrs Scott-Blair have reported as follows:

The staff of remedial teachers of reading in the County now consists of six full-time men and women, and a seventh who does part-time. Since September the central area has been covered, i.e. Chipping Norton, Charlbury, Steeple Aston and Kidlington.

The following table gives an account of the work done by the educational psychologists (1 full, 1 part-time) in the schools. In addition 75 new children were seen for the Child Guidance Clinic, and 250 school and home visits were paid.

Two children were given individual help in reading, as their schools were not then covered by the remedial service.

Visits are regularly paid to Woodeaton to assist the Principal School Medical Officer in the transfer of children to senior ESN schools and to assess the progress of others. The classes for ESN children at Witney Secondary Modern, Bicester CE, and Dorchester Abbey are supervised and much time is spent in finding the right candidates for these centres.

It will be noted that the number of children seen has gone up by a hundred, and the number of juveniles seen for the courts increases steadily over the years (in 1949, 20 cases; 1961, 125 cases).

<i>Non-clinic cases: sources of referrals</i>	<i>Problem</i>	<i>Physically handicapped</i>	<i>Difficult behaviour</i>	<i>Reading</i>	<i>General backwardness</i>	<i>I Q, school placement, vocational guidance</i>	<i>Speech difficulties</i>	<i>Delinquency</i>	<i>TOTALS</i>
<i>Headteachers</i>		2	33	31	91	109	4		270
<i>Advisory and remedial teachers</i>				5	2	13			20
<i>Director of Education</i>		1			1	8			10
<i>SMO Health visitors Speech therapist</i>			2		5	37	2		46
<i>Hospitals and private doctors</i>			1		1	4			6
<i>Parents and guardians</i>			1	3	1	8			13
<i>Other agencies</i>						2			2
<i>School social workers</i>			1		1				2
<i>Children's Officer</i>			8		2	22			32
<i>C G C for retest</i>						26			26
<i>Referred by courts to remand home</i>								125	125
<i>Totals</i>		3	46	39	104	229	6	125	552

*Non-clinical:*    Age range 5 - 18 years    I Q range 43 - 128  
*Clinic:*            Age range 5 - 14 years    I Q range 55 - 130  
*Court:*             I Q range 59 - 138

Number of cases under active management at 1.1.61    143  
New cases referred during 1961    138  
New cases opened during 1961    98

New cases

Clinic cases (total number)    98  
Sex of clinic cases:    boys 60    girls 38  
Age range of clinic cases (see table)  
I Q range of clinic cases (see table)  
Source of referral (see table)  
Geographical origin (breakdown of new cases as to clinics)  
Oxford    Banbury    Witney    Henley    Bicester    Total  
45           16           7           17           13           98



Number of cases closed during 1961	32
Reasons for closure (see table)	
Number of diagnostic and therapeutic interviews held by clinic staff:	
Psychiatrists	506
Psychiatric social worker	1066
Educational psychologists	75
Play therapist	90

Number of cases under active management at 31.12.61	143
Seen by psychiatrist and psychiatric social worker	16
Seen by play therapist and psychiatric social worker	12
Placed in schools and hostels for maladjusted	8
Seen by educational psychologist	2
Seen by psychiatrist and educational psychologist	21
Seen by psychiatrist, educational psychologist and psychiatric social worker	146
Seen by educational psychologist and psychiatric social worker	2
Seen by psychologist	1
Seen by psychiatric social worker	2

*Sources of referral 1961*

Head teacher	28
School doctor	2
Family doctor	13
Parents	15
Health visitor	1
Children's Officer	11
School welfare officer	4
Others	<u>24</u>
	98

*Reason for closure*

Improved	9
Advice only	3
Transferred to other agency	5
Unco-operative	9
Other	1

*Age range of clinic cases*

2 - 3 years	-	10 - 11 years	13
3 - 4 years	-	11 - 12 years	6
4 - 5 years	2	12 - 13 years	9
5 - 6 years	7	13 - 14 years	9
6 - 7 years	10	14 - 15 years	7
7 - 8 years	9	15 - 16 years	1
8 - 9 years	12	16 - 17 years	1
9 - 10 years	12	17 - 18 years	-

*IQ range of clinic cases*

40 - 54	-	110 - 114	3
55 - 59	-	115 - 119	5
60 - 64	1	120 - 124	1
65 - 69	-	125 - 129	1
70 - 74	6	130 - 134	-
75 - 79	7	135 - 139	-
80 - 84	5	140 - 144	-
85 - 89	13	145 - 149	-
90 - 94	8	150 - 154	-
95 - 99	8	155 - 159	-
100 - 104	15	160 - 164	1
105 - 109	6		

Dr C.Ounsted, the consultant child psychiatrist, has contributed the following:

*Waiting list*

The practice of maintaining a waiting list for children to see the medical staff has been abolished. All new referrals are now seen at the next clinic after they are referred where this can be arranged.

*Medical interviews*

It will be seen from the figures that the medical activities of the clinic continue to expand. It should be noted that for one quarter of the year we were lacking a Senior Registrar, but in spite of this the medical work done has not significantly diminished.

*The Park Hospital for Children*

Throughout the year we have, as in the past, made very extensive use of the facilities freely available to us at the Park Hospital for Children. A substantial number of children have been admitted and treated and investigated as in-patients whilst many others have attended for special investigation.

*Bodicote Lawn Hostel*

Bodicote Lawn Hostel has continued to maintain its remarkable therapeutic efficiency and the demands for its services are now coming from many quarters, including Berkshire and Cheltenham. In general, it is not our practice to admit from other authorities apart from Oxford City, because of the extreme difficulty of maintaining contact with the homes.

*Staff changes*

Dr Benians left us to take up an appointment in London in the autumn and his place was taken by Dr Kolvin on the 1st January 1962.

## DENTAL SERVICE

Mr J. Rodgers, Principal School Dental Officer, reports as follows.

The gloomy background of widespread dental caries overshadows all dental reports and the year 1961 was no exception to the rule. There were, however, features which gave cause for satisfaction.

The modernisation of all essential equipment continued and the year's statistics gave convincing evidence of the wisdom of the measures taken. There was a large increase in the number of fillings completed. Indeed the figures for the conservation of teeth were the highest on record - over 5000 more fillings being carried out than in the previous year. The use of modern equipment also helped to make conservative dentistry more acceptable. Less permanent teeth were extracted than in the previous year, but it would be premature to presume that an improvement has taken place judged on this factor alone. More regular dental inspections must be carried out before we arrive at any conclusion.

It was possible to offer orthodontic treatment to a greater number of children and the orthodontic clinic at Witney is now well established. The County's mobile clinics played an important part in the provision of dental treatment at our schools, and the children attending these clinics for treatment lost a minimum of school time.

The great majority of our school children suffer from dental decay, although only a small percentage have very bad mouths. There is, however, a tendency for decay to outstrip its treatment and, due to this factor, it will be necessary to expand our dental service if regular treatment is to be available for all children who require it.

The problem of widespread tooth decay is national as well as local. The vast number of people affected give the disease a protective colouration of its own. It is accepted as part of everyday life. This rather placid acceptance of decay as natural, even if unfortunate, is quite wrong and if children are to attain the highest level of health we must strive to change this viewpoint. Our public, who previously have put all their faith in remedy, must be shown that the answer lies in prevention. It may even be thought that great advances in preventive dentistry are beyond us, but they require out consideration, if only for material reasons. The cost of running an adequate dental service for children and adults in this country would be of staggering proportions.

The great mass of dental decay can be prevented by carrying out the following measures:

1. Good oral hygiene - children should be encouraged to clean their teeth properly after meals.
2. Dietary control - children should not eat sweets or sticky foods between meals.
3. Fluoridation - the use of one part fluoride per one million parts water cuts dental decay by as much as 60%. Many millions of children in other countries benefit from this measure.

The first two measures suggested can be implemented by our parents and educators. The same standards of body cleanliness which we accept and apply to face, hands and hair must be applied to teeth. Parents should directly control 'eating between meals', whilst children are at home, and exert their influence in favour of control whilst the child is at school. Head teachers should assist parents by ensuring that sensible guidance is given at school and that the rules of health are not contravened with large sales of damaging foodstuffs within the school building.

The fluoridation of the communal water supply on the scale mentioned previously is both efficacious and safe, but until the figures for the British 'experiment' are released by the Ministry the necessary measures cannot be implemented by a local authority.

A sound curative service is required within our County, but it will be much more effective when backed by the preventive measures described.

I would like to thank the staffs of our schools for their co-operation, and Mr J.W. Softley, consultant orthodontist to the Oxford Regional Hospital Board and United Oxford Hospitals, for his very valuable guidance at Witney Clinic.



## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1. Number of pupils inspected by the Authority's Dental Officers:		
(a) At periodic inspections		19498
(b) At specials		<u>33</u>
	Total (1)	19531
2. Number found to require treatment		12423
3. Number offered treatment		10520
4. Number actually treated		5063
5. Number of attendances made by pupils for treatment		9117
6. Half days devoted to:		
Periodic (school) inspection		280
Treatment		<u>1614</u>
	Total (6)	1894
7. Fillings: Permanent teeth		11042
Temporary teeth		<u>969</u>
	Total (7)	12011
8. Number of teeth filled: Permanent teeth		8722
Temporary teeth		<u>866</u>
	Total (8)	9588
9. Extractions: Permanent teeth		678
Temporary teeth		<u>3225</u>
	Total (9)	3903
10. Administration of general anaesthetics for extraction		239
11. Orthodontics: (a) Cases commenced during the year		34
(b) Cases carried forward from previous year		-
(c) Cases completed during the year		14
(d) Cases discontinued during the year		8
(e) Pupils treated with appliances		21
(f) Removable appliances fitted		23
(g) Fixed appliances fitted		-
(h) Total attendances		157
12. Number of pupils supplied with artificial dentures		10
13. Other operations: Permanent teeth		1095
Temporary teeth		<u>1494</u>
	Total (13)	2589

## PHYSIOTHERAPY CLINICS

The year 1961 has been a year of steady progress for the Schools' Physiotherapy Service. The Department has been fully staffed for over a year and the advantage to the service is now becoming apparent. The school medical officers have referred 185 more children for treatment in the past year, and there has been an increase of 130 in the number of children discharged.

During the past year, the majority of children have been visited regularly by the physiotherapists once a fortnight, the exceptions being asthmatics and children with special difficulties who have more frequent visits, and on the other hand, small numbers of children in village schools who have less frequent visits.

In January, Miss Bouch, Miss Dunford and Miss Munns attended a conference in London, held jointly by the Physical Education Association of Great Britain and Northern Ireland and the Chartered Society of Physiotherapists, on 'Modern educational gymnastics - its influence on posture'. They found the lectures and discussions both interesting and stimulating.

The physiotherapists always give advice on footwear to children attending remedial exercise classes, and where possible to their parents, too. Film strips are now available and arrangements are being made to use these in schools, especially in the girls' secondary schools, to show the results of bad footwear and lack of care.

The Department has acquired a posture recorder and a measure for halux valgus. They are being used to show the children the defect they are attempting to correct, and also the progress they are making.



The usual lectures were given to the student health visitors in February this year, Miss Dunford lecturing on foot defects, and showing some interesting slides of some of the children being treated, and Miss Munns giving the lecture on respiratory conditions and posture.

SUMMARY OF DEFECTS	
Total number of children treated	2016
Posture	518
Feet and knees	1300
Respiratory	180
Special difficulties	18
Parents present at clinics	394
Parents who refused treatment	12
Children withdrawn before completion of treatment	2
Children discharged	467

SCHOOL SWIMMING BATHS

There is a steady increase in the number of small learner baths being provided, largely by voluntary funds, at schools, whilst in those areas with an increased school population heavier use, probably well above that originally envisaged, is being made of existing baths.

The majority of these baths operate on the 'fill and empty system' with non-mechanical chlorination of the water. Although ideally all baths should be provided with mechanical means of continuous filtration and chlorination of the water, experience has shown that frequent changing of the water and careful attention to chlorination can result in good bacteriological standards. All schools have a simple apparatus for checking the chlorination, and regular bacteriological sampling is also undertaken.









